

**A PROJECT TO DEVELOP
A MARKETING PLAN
IN SUPPORT OF WILLIAM BEAUMONT
ARMY MEDICAL CENTER
FORT BLISS, TEXAS**

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A Graduate Management Project
Submitted to the Faculty of
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of
Master of Health Administration
by
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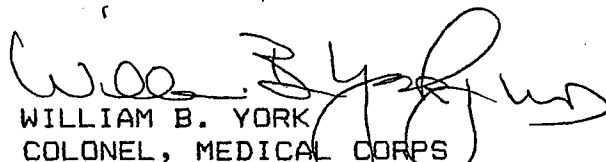
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COMMAND APPROVAL

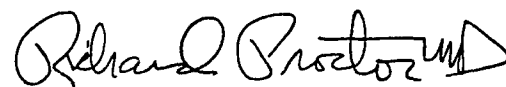
The following Graduate Management Project is highlighted by the development of a marketing plan in support of William Beaumont Army Medical Center. The criteria approved by the faculty of the U.S. Army-Baylor University Graduate Program in Health Care Administration was acceptance of the plan by the command of the Medical Center. The undersigned have read and offered recommendations and changes to the initial marketing plan. The marketing plan developed as a result of this Project is approved for implementation.



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CHAPTER I
INTRODUCTION

INTRODUCTION

William Beaumont Army Medical Center, as with most elements of the U.S. Army Medical Department, is currently faced with the requirement of accomplishing its assigned mission, but with fewer personnel and less money than the Medical Center is accustomed to having access to. At least one consequence of this mission -- resource imbalance has been for the Medical Center to change policies, reduce service budgets, and limit or alter services offered to authorized beneficiaries. Concurrently, William Beaumont must also meet new demands for accountability from a host of interested parties, each of which is much more vocal and demanding than in the recent past.

At the same time, however, there exists a parallel need to keep these same interested parties aware of all changes as they are being considered and enacted. It is believed that a fully involved set of concerned groups is critical to the smooth movement of the Hospital through the maze of budget deficits and service retrenchments known and anticipated. The importance of having an informed public has, therefore, been strongly supported by the senior leadership of William Beaumont Army Medical Center.

At issue, based on the stated need of having an informed public, is the completion of two tasks. First is to determine what information, from the massive quantity of available information, is needed by the public. Second is

to select a method to best distribute those facts needed by the various groups and individuals associated with the Medical Center. It is with these goals in mind that the following management project is undertaken.

DEFINITIONS

MARKETING PLAN: A marketing plan is a guide for the leadership of an organization. Its purpose is to provide a systematic method by which the organization develops and orchestrates the direction of interactions with internal and external groups, organizations, and individuals. The marketing plan is also a systemic technique to involve all organizational units, departments, and sections in the preparation and conduct of these interactions.

WILLIAM BEAUMONT ARMY MEDICAL CENTER, also identified at points throughout this management project as **WBAMC:** The current building housing William Beaumont Army Medical Center was opened in 1972 with an add-on building of 120,000 square feet completed in 1982. WBAMC is a 403 bed, tertiary care, teaching hospital located as a tenant unit of Fort Bliss, El Paso, Texas. The Hospital responds to medical referrals from the three-state area of Texas, New Mexico, and Arizona, while providing other support to Department of Defense activities in California, Louisiana, and Oklahoma.

The Medical Center serves a catchment area (40 mile

radius) population of approximately 136,000 eligible beneficiaries. This figure is 23 percent of the El Paso metropolitan statistical area population of 591,000. The pool of beneficiaries includes 45,000 active duty soldiers and their families, 36,000 retirees and their families, civilian employees, Veterans Administration beneficiaries, federal prisoners, and the members of two Indian tribes: the Tigua and the Mescalero. A number of other patients live across the nation yet are long-time, and still current, patients of the Medical Center staff.

An average day at William Beaumont has the staff seeing 2400 outpatients, filling 4500 prescriptions, performing 27,000 laboratory and 2400 radiology procedures, and treating 320 inpatients. The average daily Medical Care Composite Unit (MCCU) count for fiscal year 1988 was 1721.

In relative measures, the Medical Center provides 25 percent of the hospital admissions and 21 percent of the bed days in the El Paso area. To accomplish these duties, WBAMC has a total authorized staff of 2316 military and civilian personnel, volunteers who account for 53 full time employee equivalents, and a budget of 110 million dollars.

PUBLICS: Publics are all those persons, individually and in groups, that demonstrate an interest in the product or operations of an organization. A vital first step of any marketing scheme is to accurately identify the publics that can effect the organization.

PROBLEM STATEMENT

To develop a marketing plan in support of William Beaumont Army Medical Center.

OBJECTIVES

The objectives of this study are to:

1. Conduct a literature review to determine the role and importance of marketing to the delivery of health care.
2. Assess the current organization and procedures for marketing in support of William Beaumont Army Medical Center.
3. Determine the organization and procedures for marketing in support of other Army Medical Centers.
4. Determine the organization and procedures for marketing as conducted by the U.S. Army Air Defense Artillery Center.
5. Assess the need for a marketing philosophy and plan at William Beaumont Army Medical Center.
6. Develop a marketing plan in support of WBAMC.

7. Prepare, staff, and deliver recommendations.

CRITERIA

The standard by which the success of developing a marketing plan will be measured is two-fold. The first measurement will be the obtaining of signatures of concurrence for the marketing plan from the Medical Center Chief of Staff and the Deputy Commander for Clinical Services. The second measure of accomplishment will be the resulting signature of approval from the Commanding General of the Medical Center.

ASSUMPTIONS

There is a need to better market William Beaumont Army Medical Center to beneficiaries of the Medical Center and to the civilian lay, business, and governmental populations of the El Paso metropolitan area.

LIMITATIONS

The applicability of this or any marketing plan is limited to the extent by which the Medical Center has developed, or is able to establish, a strategic plan with identifiable goals relative to marketing.

METHODOLOGY

1. The literature review for this project will entail both an oral and written approach to the problem.

a. The oral search will consist of personal interviews with those persons presently involved in the concept of marketing in the military setting and the military-medical setting. The intent of these interviews is to develop an understanding for the acceptance or rejection of marketing in the military setting and to build upon computer generated sources of reference material.

A second phase of the oral search will involve marketing personnel of local health care organizations. The intent of these interviews is to expand the author's base of marketing knowledge from which the marketing plan will be developed. A secondary benefit will be putting to use the anticipated recommendations offered by these marketing personnel as they proof the various drafts of the project.

b. The written search can be further broken down to three broad categories.

1) Requests for information will be sent to offices involved in the marketing of the military to the civilian community. Possible sources include the Assistant Secretary of Defense for Health Affairs, Commanding General of the U.S. Army Training and Doctrine Command, and U.S. Army Surgeon General.

2) Computer generated searches will be

conducted in order to obtain information linking marketing to the issue of socialized medicine as found in Great Britain and other European countries.

3) Computer generated searches will be conducted in order to obtain information discussing the use of marketing as it applies to hospital administration and the delivery of health care.

2. Once at William Beaumont Army Medical Center a review will be conducted to observe the current organization and procedures for marketing the Medical Center. This review will be conducted through personal interviews with the senior command and staff personnel in the Hospital. An integral element of this review will be an understanding of the strategic goals and objectives of the Medical Center.

3. In conjunction with the review of the Medical Center will be a review of marketing conducted at the other seven Army Medical Centers. This data gathering step will be accomplished through a combination of mail and telephone interviews and the studying of any documentation existing at the various Medical Centers. The intent of this review will be to integrate the successful work of other Medical Centers and to limit the repeating of past mistakes.

4. During the data gathering stage a review will be conducted of the marketing of the U.S. Army Air Defense

Artillery Center. This review will be conducted through a personal interview of the Center's Public Affairs Officer and the studying of any documentation produced to support the Center's marketing goal. The purpose for looking at the Air Defense Artillery Center is to evaluate any lessons learned in marketing to, or otherwise dealing with, the El Paso metropolitan area.

5. Once the results of the literature, internal, and external reviews have been digested an assessment of marketing needs will be accomplished. This assessment will address two topics. The first topic is an identification of the Medical Center's strategic goals and objectives as they can be applied to marketing the Hospital. The second topic is an understanding of the relevant opinions of the Medical Center's beneficiaries and the civilian lay, business, and governmental populations of the El Paso metropolitan area.

Both topics will be studied by means of personal interviews with the senior leadership of the element to be examined. Examples of these elements include the Hospital, military retiree organizations, The Association of the United States Army (AUSA), wife's clubs, representatives of city and county governmental organizations, the Chamber of Commerce, local hospitals, and the El Paso County Medical Association.

6. Upon the completion of this information gathering phase, the marketing plan will be prepared. An initial literature review has shown that no current marketing plan, specific to the military, exists. There has, however, been some current work accomplished at the Health Care Operations and Administration Branch of the Academy of Health Sciences in preparing a marketing plan for the Commandant of the Academy of Health Sciences and one for the Office of the Army Surgeon General. These marketing plans are at various stages of revision and consideration. Therefore, this author's literature review, personal interviews, and studied documents will be the basis of interpretation for this project. This interpretation will then serve as the source of information necessary to develop a marketing plan specific to the military and suitable for use in support of an Army Medical Center.

7. After its development, the marketing plan will be staffed through the Deputy Commander for Clinical Services and the Medical Center Chief of Staff. Upon receiving these two signatures of concurrence, the marketing plan will be presented to the Commanding General of the Medical Center.

CHAPTER II
LITERATURE REVIEW

LITERATURE REVIEW

A summary of the current literature, and this author's interpretation, follows. For the reader's convenience, the following outline is provided.

- I. Communications
 - A. How do communications effect the organization
 - B. How are communications associated with marketing
- II. Marketing
 - A. What is marketing
 - 1. Established civilian definitions
 - 2. A proposed definition for military medicine
 - B. How does marketing effect general health systems
 - C. How does marketing effect state systems
 - D. How does marketing effect military medicine
 - E. How is marketing associated with planning
- III. Marketing Plans
 - A. What are marketing plans
 - B. The marketing plan process
 - C. Marketing plan formats

LITERATURE REVIEW

Reading sensational newspaper headlines, such as "BEAUMONT BUDGET CUT HAS RETIREES WORRIED" (Scharrer), "MILITARY MEDICAL CARE FIGHTS TIGHT BUDGET" (Revels), and "JUSTICES STRIKE LIABILITY LAW IN BEAUMONT CASE" (Associated Press), is the way in which many beneficiaries of William Beaumont Army Medical Center receive information on the perceived availability and quality of care at the Hospital. This is unfortunate as many classic and contemporary authors believe that a fully involved and properly informed set of concerned groups is critical to the daily operations of any organization, public or private. If this general belief is accurate, then proper internal and external communications are needed to establish an environment conducive to the smooth movement of the Hospital through the maze of budget deficits and service retrenchments known and anticipated. The importance of having an informed public has, therefore, been strongly supported by the senior leadership of William Beaumont Army Medical Center.

The purpose of this project is to address the issue of properly and professionally communicating with and, as a result of good communications, educating WBAMC's various publics. First, though, how do successful communications, and the resulting relationships, inter-personal and inter-organizational, affect the ability and quality of a hospital's marketing effort?

COMMUNICATIONS

Griffith (1987) suggests that successful communications reduce internal dissent, build organization-wide consensus, and garner the participation of parties influential to the hospital. Other current authors compare interactions with the strength of community involvement (Davis 1986), the development of public confidence . . . public distrust (Frasca and Schneider 1988), and the need for a consumer-oriented outlook (Kotler 1987). Each of these authors are discussing the need for health care organizations to pursue effective, productive communications. From a detached point of view, these opinions seem based on nothing more than common sense.

In fact, it only seems logical that the more two sides to an issue talk with each other, the more productive their relationship will be. To communicate is to exchange ideas, needs, and reactions between parties of the discussion. This open exchange allows all parties to be involved in the accomplishment of the organization's goals and objectives. An organization benefits, therefore, by both seeking and encouraging an opportunity to communicate with its publics. In spite of the benefits of interacting, many executives of health care organizations fail to see the various publics as individuals or individual groups with the desire to voice unique needs, wants, and concerns (Endersen 1988, Principe et al. 1987, Tucker 1988).

This viewpoint is unfortunate for both the health care

) organization and the consumers who may find themselves in a situation that requires the organization's services. The health service facility, for example, develops a reputation for being uncaring to the needs of various publics. This results in fewer patients seeking care at, or being referred to, the facility. This situation, of course, causes the facility's utilization and bed occupancy to be reduced which damages the financial bottom line. The consumers, on the other hand, will choose to eliminate the uncaring facility from their list of potential sources of health care. If the consumer finds him or herself at the facility by result of an emergency, however, they may feel that inappropriate or poor quality care is being given. This is true regardless of the quality of care actually rendered by the physician, nurse, or ancillary staff member (Arnold, Capella and Sumrall 1987, Boshard 1987).

Whether this view toward publics is executive or institution based, it is equally as counterproductive in the military health care setting. Beneficiary groups seeking care from a military hospital are already sensitive to the perceived tradition of lengthy waits, facilities that are less than modern, rudeness, and incompetence (US Army Medicine 1986, Friends of William Beaumont 1989). The medical health care facility that ignores these perceptions allows them to become more of a fact and less of an incorrect belief. Once again, only this time in a military setting, the use of effective communications becomes a key factor in

maximizing the consumer's view of the medical system while minimizing inappropriate or damaging perceptions.

A concise, yet accurate, summary of the need for a hospital to pursue successful communications with various publics is presented by Arnold, Capella and Sumrall (1987). Their development of a health care concept for marketing was based on the theory that "the nature of the interaction between any [hospital] organization and its myriad external environments determines both the short- and long-term profitability of the organization (1987)." This project concludes that these interactions, if presented and accepted as communications, then become critical to a hospital in its pursuit of a successful marketing program. Communications alone, however, cannot sufficiently describe a health care facility's marketing effort.

MARKETING

Instead, communications serve as only one element in the facility's drive to market itself. Marketing has been defined in both narrow and broad terms by a seemingly unending array of authors. Syre (1988) discusses the need to determine the customer's actual and perceived wants and then finding the service to match that want. Bell (1987), in a broader sense, describes marketing as everything done to present the organization, its mission, and its services to the customer.

Between these definitional extremes is the point of

view presented by Kotler and Clarke (1987). Their joint exhaustive definition describes the concept of marketing as "the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives." Within this description are each of the four elements of marketing (see Figure 1) as generally accepted by the marketing field and presented by Leahy (1988).

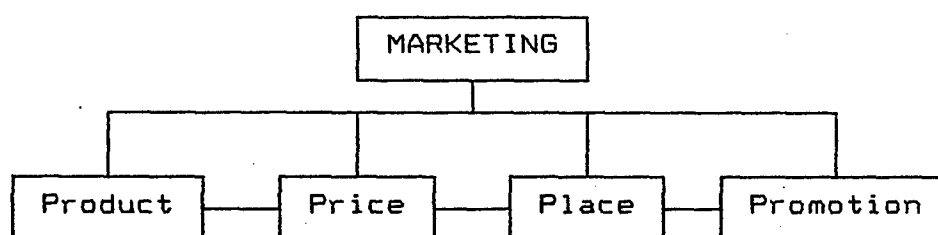


Fig. 1. The Four Interrelated Elements of Marketing

Successfully describing and implementing each of these marketing elements is the goal of a hospital or health care organization's marketing department. A general description of the elements has been developed by the Texas Hospital Association (1982).

* **Product:** Product is the actual service provided by the facility. It is evaluated by the consumers as to what good the service does for them.

* **Price:** Price is the consumer's cost for making use of the particular service or package of services. The concept of price is broader than just money paid out of the

consumer's pocket. Price also includes intangible payments such as "pain, discomfort, and indignity." Other prices would include traveling to referral facilities, competing in telephone queues for a limited number of appointments, and participating in a tiered system of health care.

* Place: Place is the development of techniques to ensure that the product is in a location available to the patient. If the product is not properly located, the issue of place will cause the patient to be moved to the service.

* Promotion: Promotion is the way in which consumers and potential consumers gain the information necessary to make informed decisions about their health care. Consumers seek information about the service itself (availability, benefit, and potential adverse effects) as well as its price (out-of-pocket and intangible) and place.

Although helpful in understanding the various aspects of marketing, the user of a marketing matrix, as described in figure 1 above, must be careful not to allow his or her thoughts to become pigeon holed or compartmentalized. Marketing is the careful analysis and employment of a blend formed by each of the separate functions. As stressed by the Texas Hospital Association (1982), "the key to success in applying and understanding the marketing mix lies in the concept of rightness -- the right product in the right place at the right time with the right promotion." This advice is still current and is particularly true for the military health care facility in the pioneering stages of marketing.

Specifically, marketing for the military facility is the proper application of a wide range of techniques in order to properly educate all concerned publics.

The reason for stressing the concept of "properly educating all concerned publics" is two-fold. First, the various beneficiary and interested groups must be given the information necessary to better understand the military facility's position in the federal health care system. The Congress apportions the money necessary to operate the Army health care system. As such, many options, but certainly not all, are out of the control of the local hospitals (Tucker 1988).

Second, beneficiaries of the military health care system are basically captive to the policies mandated by the local military hospital. The patient that pursues access to the "free care" provided at the military facility, must accept a certain amount of the procedural and systemic burdens that are part and parcel of the care. Education serves the facility well here in that the patient who is made well aware of policies and procedures of the facility will be better able to plan his or her use of the hospital. Additionally, the educated beneficiary is more likely to be understanding of the limitations and service cutbacks of the military health care system.

This discussion of educating WBAMC's publics is not intended to minimize the importance of other aspects of the various definitions of marketing. Rather, education is seen

as the center point at which the different elements of good marketing are aimed. Actually, this is no different than what the civilian definitions discussed above are urging.

For the purpose of this project, therefore, and as a basis for the development of a marketing plan useful to William Beaumont Army Medical Center, the definition of military medical marketing as shown at figure 2 will be used.

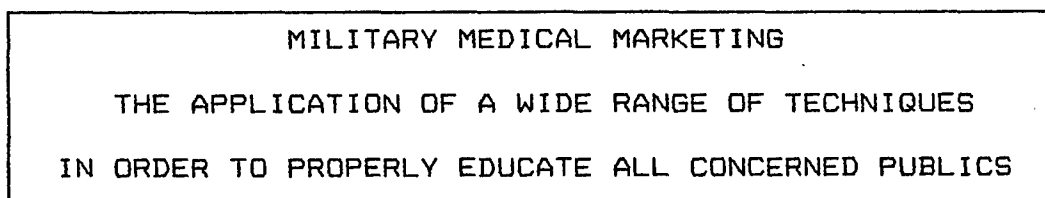


Fig. 2. A Proposed Definition For the Marketing of Medical Services in the Military.

Within the scope of the definitions discussed above is the daily application of marketing techniques by a mixture of private and public hospitals. A simple arrangement of the differing types of health care organizations that form such a mixture is presented in the matrix at figure 3. The development of such a division of organizational types is useful in understanding why the different hospitals in a particular sector view marketing as they do. The summary of current literature that follows the health care organization matrix demonstrates the present thinking on marketing by civilian, foreign-state, and military medical facilities.

	Private	Public
Profit	Investor owned hospitals, HMOs, laboratories, and similar health care organizations	State owned health care organizations specializing in care not provided as a right of citizenship
Not For Profit	Hospitals, nursing homes, and similar health organizations owned by charitable, religious, or other-wise private groups	Hospitals, nursing homes, and similar health organizations owned by local, state, & federal governments (military included).

Fig. 3. A Matrix Describing The Differing Types of Health Care Organizations, Adapted from Kotler Strategic Marketing for Nonprofit Organizations (Englewood Cliffs: Prentice-Hall, 1987).

GENERAL HEALTH CARE MARKETING

The generalists addressed in this review are those private organizations described in figure 3 as well as the community hospital listed in the public, not for profit quadrant of the matrix. Successful marketing in these types of facilities is reaching new peaks of importance as the competitiveness of the health care industry becomes more acute. Journals such as Hospitals and Modern Healthcare have instituted regular columns addressing current trends in marketing. The American College of Healthcare Executives has devoted an entire issue of the Healthcare Executive to marketing. Health care journals of all varieties have been

addressing the how-tos and look-out-fors of health care marketing.

Paralleling the rise in journal interest to marketing, hospitals are now spending a considerable amount of time and money in deciding how best to market the facility, its services, and the quality of care. How to best market the facility first requires people to do the planning and execution of the plan. Boshard (1987) describes the many ways of manning the marketing requirement. These include referring to paid consultants, delegating to line managers, using an ad hoc committee structure, developing a separate staff, or a combination of these.

Once the people resource requirement has been met, the decision has to be made as to what will be marketed. This affects the organization by requiring that some element of strategic planning be accomplished (Boshard 1987, Hunter 1987). Successful health care organizations are those that incorporate a marketing knowledge and decision-making process into their strategic planning process (Fox and Heinen 1987). During the course of strategic planning the leadership of the organization decides what will be marketed and to what degree. Possibilities include the marketing of existing services, expansion of existing services, or the movement into new services. Within each of these three areas, the decision is made as to what will be marketed, such as cost, accessibility, quality, or community service.

To this point, the organization's strategic planning

has resulted in a determination as to who plans and conducts the facility's marketing effort and which of the strengths, services, or other aspects of the facility will be marketed. What remains is the how of the actual marketing. Numerous authors discuss the many techniques used today (Boshard 1987, Pol and Ambrose 1987, Peterson 1988, Singer and Cecere 1988). Such diverse marketing methods as directed focus groups, personal interviews, press conferences, group tours, guest relations, and various advertising medium only begin to scratch the surface of modern health care marketing.

In summary, health care marketing by the generalist has been driven by the intense competition in today's economic environment (Syre 1988). The resulting effect has been to require the expansion of strategic planning, development or contracting of marketing staffs, and pursuit of innovative ways to get the organization's message out to the publics. This effect is shown at figure 4, on page 29.

MARKETING AND THE STATE

"The English National Health Service is coming under a growing attack for not putting the patient first; in short, for lacking a consumer orientation (Scrivens 1987)." The British system of health care is based on an annual charge of 360 British Pounds per person (currently about 575 dollars in American currency). After this payment, care is provided free of charge within certain limitations set down in appropriate laws, policies, and procedures. It would

appear, from the literature, that the beneficiaries of a "free" health care system are just as interested in the quality, accessibility, and freedom of choice as are those consumers in a pay-as-you-go system.

Cumberlege (1987) describes a series of three rings much like a bulls-eye on a target. The inner-most ring identifies the patient and his or her health care provider. The next larger ring is the community, its services, and the health care team. The largest ring is the general public and the national health care system. At each level of this diagram there is a recognized need for a close partnership and marketing.

All rings, or constituents, of the National Health Service require some degree of consumer orientation. The marketing needed at the patient/physician level is centered on the gatekeeper role of the physician. In the British system, the physician has been delegated with the role of gatekeeper to health care. With this responsibility is the additional burden of answering to the patient for the amount and quality of health care that is provided. A similar observation can be made at the community/health care team level of interest (Maynard 1986).

The general public/national health care system level is where a great deal of marketing success can be accomplished. At this level there is a need for the system to demonstrate the quality of its health care, the efficacy of its policies in relation to the stewardship of the tax dollars within its

control, and equality and moral righteousness of its access procedures. As Cumberlege (1987) explains, the British National Health Service operates fairly successfully as a business. Its major drawback, currently, is the apparent lack of response to the consumer's primary demand of regular preventive medical care. The reasons for this inability to respond are many, and not pertinent to this review. What is important is that the Service has a need to properly market its inability to respond.

Obstacles to a successful marketing strategy in a non-traditional "business" such as state supported medicine is addressed by Scrivens (1987). The fact that beneficiaries cannot walk away from the system in favor of another one often causes the decision makers to decide against a strong marketing program. Additionally, the System only has so much money with which to operate. Any resources that are funneled into a new program or into the renovation of an existing one will have to come from some other, already budgeted program.

The obstacle to marketing in this type of zero-sum arrangement, according to some, is that marketing would only complicate an already tenuous system. The reallocation of resources away from existing health services to beneficiary demanded options is, presently, unacceptable to today's leadership of the NHS (Cumberlege 1987, Scrivens 1987). Unfortunately, there has not been a successful campaign to market the government decision. The result, of course, is a

beneficiary population displeased with the lack of sharing of power between it and the federal government (Rigge 1987).

What marketing steps are beneficial if resources are not available to expand the scope of medical benefits and a reallocation of services is not deemed as practical? At least one opinion (Scrivens 1987) states that, within the confines of the given budget and its allocation among various health programs, only two marketing avenues are realistic. These techniques are to improve the ability of the health care staff to interact with beneficiaries and to develop methods to accurately measure consumer satisfaction.

The implication behind improving interactions skills are twofold. First, any consumer oriented service measures success on the satisfaction of the customer. Whether the consumer is a fee-for-service or a member of a pre-paid system is irrelevant. Second, the disappointment felt due to a lack of change in the offering of services may be somewhat muted by providing the offered services in a pro-consumer way. In other words, sugar coated bad news.

In addition to treating patients as they should be treated, Scrivens (1987) believes that the NHS must round out its marketing strategy by properly measuring the real satisfaction of the beneficiaries. In this regard, Lee (1986) suggests that properly planned, conducted, and studied market research into patient satisfaction can aid in addressing the questions of health services effectiveness, quality, and the extent to which such services meet the

perceived needs of the population. Scrivens (1987) closes with the belief that improved marketing, as it affects the improvement of a consumer orientation, will allow for the better match between consumer and provider expectations.

A summary of the effect of marketing on a state run health care system is shown at figure 4, on page 29. In general, the marketing effect on a health system such as the British National Health Service appears to be limited to the development of ways to ensure consumer satisfaction among an array of services that best meet the need of the population, instead of the wants of individual members of society.

MARKETING MILITARY MEDICINE

Current literature demonstrates an unfortunate lack of discussion relative to the marketing of military medicine. Unfortunate in that the expressed comments and views of many concerned publics (Hitzelberger and Veaudry 1988) do not appear, at least anecdotally, to merit an equally concerned response from a centralized Army Medical Department (AMEDD) office. In fact, the most recent example of an AMEDD-wide literature presentation on military medical marketing was by Lenneville and Steinbrucker in 1982.

In their development of a marketing plan for the Walter Reed Army Medical Center Ambulatory Surgical Center, these two authors address the differences, perceived or actual, that exist between military and civilian marketing. They state that the broad areas of differentiation are found in

economic elements of the two health care systems, the types of patients seen, the location of health care in relation to the patient's home, and the type of facility to be marketed.

This issue of key differences that must be considered when government agencies decide to adopt civilian marketing techniques is also pointed out by Crompton (1986). In his book, Crompton states that the differences impacting on the sharing of marketing techniques involve "environmental and organizational differences, distinctions between goods and services, and profit and nonprofit orientations." In the presence of these differences, therefore, civilian lessons that have been learned and techniques that have been seen must be modified and adapted to fit the government model.

Although not denying that these differences exist, Tucker (1988) stresses that the concern about differences between military and civilian marketing is the wrong approach to take. According to Tucker, both systems have a vital interest in pursuing the efficient conduct of health care operations and ensuring that the pool of consumers are satisfied. Based on this parallel interest to these two elements of organization survival, he therefore argues, the military has much to learn from marketing concepts in the civilian sector. This point of view is also supported by Air Force (Rasco 1988, Murphy 1989), Army (Health Services Command 1988, Todd 1989), and Veterans Administration (Pate 1988) leaders interested in military medical marketing.

Even though very little literature supports military

medical marketing, the issue has become an area of interest in current strategic planning. From an AMEDD perspective, marketing should be approached as a valuable tool for showing the quality work provided by the facility and for improving consumer relations. The benefit is a set of publics better educated about the military health services system and more attuned to the rationale behind various types of decisions made by medical treatment facilities. The effect of this recent interest is shown at figure 4.

	WHAT	WHO	HOW
G E N E R A L	An expansion of the strategic planning process to counter a new competition in the health care industry.	Internal staff or external contract consultants based on the needs and resources of the particular health care facility.	A combination of personal contact, press relations, and advertising techniques that are proven or innovative.
S T A T E	The development of a strategic outlook balancing the expectations of the individual with the needs of a whole society.	Based on daily interactions of staff & patients and research done by central teams of marketing and personnel experts.	Training of staff members & routine research into the expectations of individuals and the needs of the whole society.
M I L I T A R Y	The development of a strategic plan that looks at marketing in the civilian area and adopts those techniques that aid the military.	Requires the work of all staff to participate in educating publics as to the quality and variety of services that the military provides.	Training of staff members and the facility leaders so that routine & special actions are planned and conducted with publics in mind.

Fig. 4. A Summary of the Effects of Marketing on Three Types of Health Care Organizations.

MARKETING AND PLANNING

As shown, the current literature demonstrates a keen interest, by separate and unique health care systems, in the need to properly market the provision of care. Marketing, in order to be successful, however, must be accomplished within an organizationally approved framework of planning at both short- and long-term levels of concern (Bell 1987). Crompton (1986) agrees with this thinking and adds that proper planning is necessary not only to foresee the future of the organization, but to also ensure that there will be a future to enjoy. How, then, is planning associated with the organization's marketing function?

Griffith (1987) defines planning as the activity by the organization's members of making decisions about the future. Planning, he states, is to be used jointly with the concept of marketing and under the control of a planning-marketing section of the system. In justifying this philosophy, Griffith points out that the successful hospital must be accepted by its environment. Acceptance requires that the facility understand what the consumers want (marketing), develop programs and services to meet that need (planning), and promote the ability to fill the need (marketing). This thinking parallels the writing of Mason (qtd. in Gourley and Moore 1988) who ties an organization's potential strategies to its objectives and the reality of the environment. Planning allows the health care facility to develop a scheme for marketing itself to the many publics that comprise the

environment (Boshard 1987). From this summary of marketing and planning is shown the need for health care organizations to develop a marketing plan. A graphic representation of this relationship is shown at Appendix A.

MARKETING PLANS

A marketing plan is an essential tool that sets-out the organization's philosophy, goals, and desired techniques for interacting with its publics (Bell 1987, Crompton 1986). The marketing plan is designed to formally establish the ways in which the facility will meet the various marketing objectives established in the strategic plan. As a result, therefore, the marketing plan is the culmination of work done by many members of the health care facility. Once again, marketing and marketing plans are tied directly to the planning required to ensure the organization's future.

Syre (1988) warns that marketing plans are not simply a new advertising campaign, or a series of news releases to the local media, or other temporary and shallow measures. Instead, this plan is the document that specifies the focus for the total marketing effort of the facility. As such, this working paper provides the leadership of the hospital with the information necessary to organize current efforts and to plan future projects; it is the administration's road map for the facility-environment interaction. The plan also allows for the supervision of all marketing efforts that are undertaken during the valid period of the plan.

Marketing plans are generally valid for a twelve month period. This short time span allows the organization to evaluate the plan's effectiveness and to identify areas in need of improvement or additional exposure. Also, the short valid period mandates the frequent updating of information upon which assumptions are made. Examples of these updates include demographic information (Pol and Ambrose 1987), political changes (Syre 1988), and consumer expectations (Bell 1987).

Such a wide variety of information, combined with the need to respond to the dictates of the strategic plan, means that many organizational members will be involved, to some degree, in the development of a marketing plan. Therefore, there is great potential for the plan to be the shared work of the organization, as the result of its members' input. In this way, the marketing plan has a greater probability for being successfully accepted and implemented by those who will have an impact on its success.

THE MARKETING PLAN PROCESS

The neophyte marketing planner is not at a loss to find any number and variety of planning processes to adopt as his or her own. Authors of books and articles relating to the development of marketing plans have provided an amazing array of charts, graphs, and lists intended to simplify the process. A sampling of the many recommended processes is provided at Appendix B. Fortunately, each of the examples

shown address basically the same elements. The authors, in essence, are taking the liberty to modify basic planning tools to fit a specialized planning requirement: marketing. At table 1 is another example of a market planning process. This will serve as a summary of those found in Appendix B.

Table 1

Marketing Model for Federal/Military Medical Facilities

- I. Brainstorm
 - II. Collect Data Base
 - III. Analyze Data and Draw Conclusions
 - IV. Develop Goals (Primary and Secondary)
 - V. Determine Market and Target Group
 - VI. Develop Market Plan
 - VII. Obtain Market Plan Approval
 - VIII. Implement Plan
 - IX. Obtain Feedback From Target Groups
 - X. Modify Plan as Necessary and Implement
 - XI. Analyze Results
-

Source: Lenneville and Steinbruckner (1982).

MARKETING PLAN FORMATS

"A plan isn't a plan until it has been written down (Bell 1987)." By formally committing the plan to paper Bell recognizes that a number of goals are accomplished. Writing

the plan usually indicates that its various elements have been thought out and that any side effects have been considered. When the plan is released as a written product there will be fewer questions and misunderstandings. A plan presented in a formal format is much less ambiguous than one that is discussed and agreed to, but never written. The written plan becomes a permanent document that can be used in the future as a follow-on year starting point, a source for determining the organization's intent and decision making processes, and an historical document. In a written form, the marketing plan can better ensure the successful implementation of the goals and objectives set forth in the plan. Finally, a written document is necessary to allow for the needed development of controls and supervisory aspects.

There are as many formats for the marketing plan as there are processes used to develop it. Key to a facility's selection of the appropriate marketing plan format is the needs of the organization. The format should be structured to the extent that it follows the lead of those plans upon which it is developed. On the other hand, the choice of a format should allow for the inclusion of all necessary topics and any required narrative. The well thought out topical headings will go far in determining the success or failure of the marketing plan (Kotler 1987). Most authors recommend that the entire marketing plan be not more than 10 (Leahy 1988) to 20 (Bell 1987) pages in length. All supporting documentation to the basic plan should then be

located in appendices or in a separate document known as a fact book (Luther 1982).

Representative of the varieties of marketing plan formats are those shown at Appendix C. A summary of the formats shown at Appendix C is presented at Table 2.

Table 2

The Format of the Marketing Plan

-
- I. Executive Summary
 - II. Situation Analysis
 - III. Objectives and Goals
 - IV. Marketing Strategy
 - V. Action Programs
 - VI. Budgets
 - VII. Controls
-

Source: Kotler (1987).

SUMMARY

A review of the literature demonstrates an ever growing interest in the marketing of civilian and state health care systems. The needs given range from the business survival of organizations to meeting the greatest needs of society. In a similar fashion, the military is beginning to develop an understanding for marketing the military health services system. Survival may well hinge on protecting service

integrity from the consolidation of services as recommended by some (Murphy 1988). Meeting the greatest needs of society (military beneficiaries) is dependent upon being as efficient as possible with the money and other resources made available to the system. Medical treatment facilities in general, and William Beaumont Army Medical Center in particular, will do well to understand the needs for properly formalizing their marketing goals and objectives. This is especially true in light of the synergistic results achieved as marketing benefits are pursued. The result of this formal process is the market plan.

CHAPTER III

FINDINGS

FINDINGS

The following chapter discusses the findings of the author relative to marketing plans in other Army Medical Centers. Also addressed is the work done by personnel who are not based in a medical center but are interested in or have been tasked to study and develop marketing of the military health care system. Next, the views and work of the Fort Bliss Public Affairs Office, in relation to the publics at Fort Bliss and El Paso, are presented. Finally, the organization and need for marketing at William Beaumont Army Medical Center are developed. The outline that follows is provided as a convenience to the reader.

- I. Army medical centers
- II. Other military medical marketing
- III. The views and work of Fort Bliss Public Affairs Office
- IV. The case of William Beaumont Army Medical Center

FINDINGS

Even though the marketing plan presented by Lenneville and Steinbruckner is no longer being used by the Walter Reed Army Medical Center Ambulatory Surgical Center (Balance 1989), it does express an interest and concern for today's marketing of military medicine. On a positive note, this expression of concern has not been entirely forgotten, and is now starting to reappear in the work of various AMEDD headquarters, staff agencies, and authors (see, for example, Health Services Command 1988, Academy of Health Sciences 1988, and Principe et al. 1987). The review shows that, at the individual facility level, there are different ways to accomplish a formalized approach to identifying marketing goals and objectives through a planning process and a written market plan.

ARMY MEDICAL CENTERS

William Beaumont Army Medical Center is one of seven Army Medical Centers. An eighth facility, Brooke Army Medical Center, was placed under the command and control of the U.S. Air Force in mid-1987 as an element of the San Antonio Joint Military Medical Command. For the purpose of this project, however, Brooke will be considered as one of eight Army Medical Centers.

To determine the status of marketing planning at the Army Medical Centers a survey was prepared and sent to each Center's Executive Officer. The text of the cover letter

and the survey are at Appendix D. The initial mailing resulted in the receipt of five responses. A follow-up through the administrative residents of the two missing Centers resulted in an additional response. A summary of responses to the survey are at Appendix E. WBAMC will be discussed separately.

A review of the responses to questions one, five, and seven demonstrates that Army Medical Centers, in general, lack a formal process to direct the marketing mission. Only two of the six responding Centers claim to have a marketing plan. One Center, however, states that the development of a marketing plan is underway. Additionally, only one Medical Center has a written standard operating procedure (SOP) for its public affairs office. All of the Medical Centers state to make use of various techniques for communicating with the beneficiary groups seeking care at the facility (question four). In the follow-on question, on the other hand, only one of the Centers has these various techniques committed to a written plan.

The thesis derived from the previous review of the literature was that a Medical Center would do well to understand the need to properly formalize its marketing objectives. And yet, the Medical Centers show an apparent inability or disinterest in accomplishing this goal. Only two of the six Centers has a written document that sets-out a yearly plan for interacting with its various publics. On the other hand, however, the matrix of survey responses

shown at Appendix E leads to a false understanding of the perceived need for marketing of the Medical Centers. The absence of purposeful market planning and the production of a formal market plan should not be interpreted as a lack of interest with this issue. In fact, each of the respondents commented, in answer to question nine, that marketing and a marketing plan was an important area of concern. In light of these responses, it would appear that a need exists to develop a formal, yet usable, framework to plan military medical marketing. The result of this planning framework is the marketing plan.

OTHER MILITARY MEDICAL MARKETING

Recent interest in military medical marketing has not been limited to the eight Army Medical Centers. The issue of marketing can now be found in sources ranging from the Health Services Command's Strategic Plan to the United States Air Force Medical Service's Healthcare Innovator's Catalog. Further, the need for medical marketing is being discussed by persons as diverse as the Commandant of the U.S. Army's Academy of Health Sciences, a professor of health care administration at Trinity University in San Antonio (Tucker 1988), and an Army Medical Corps physician (Todd 1989) attending the U.S. Army War College at Carlisle Barracks, Pennsylvania.

The Health Services Command's (HSC) Strategic Plan (1988) lists three goals for the command: Readiness,

Sustainment, and Modernization. The Command's Sustainment goal lists ten objectives, one of which is "to develop and implement marketing strategies for health care services." A review of the tasks identified for accomplishing this objective (see Appendix F) shows a striking similarity to the marketing planning processes shown at Appendix B, and page 33 above. The only element conspicuously lacking from this objective, and its task list, is the requirement to use a framework to formally plan for the marketing of HSC. It should be noted that the HSC Public Affairs Office, in March 1989, expanded the scope of the Strategic Plan to include the development of a marketing plan (Grossman 1989).

The U.S. Army Academy of Health Sciences has also begun to demonstrate an interest in marketing military medicine. This organization, however, has taken its interest to the point of developing formal marketing plans for both 1988 and 1989. The AHS plan is important for at least two reasons that impact on WBAMC. First, this is the first recent example of a marketing plan for a military medical facility, following the general guidelines and concepts of general marketing. As such, this plan should serve as a flagship for the plans to be developed by other facility and non-facility based marketing personnel. Second, the AHS marketing plan is not traditional. Although a general marketing framework was used as the model for the AHS plan, the author has generated the modifications necessary to meet the specific needs of his organization. The AHS marketing

plans, therefore, serve as a starting point to be used by other military medical organizations.

Surveys identical to the ones sent to the Army Medical Centers (Appendix D) were also sent to the major Army staff and command Public Affairs Offices. Unfortunately, although the surveys were received, no responses were generated.

Despite this non-response, this author's research relative to the marketing of military medicine has uncovered a growing interest at many levels and in many diverse organizations. There is not, however, a marketing package presently being used that is satisfactory to William Beaumont Army Medical Center. As Rasco (1988) concludes: "We need a developed marketing structure to facilitate the delivery of health care."

THE VIEWS AND WORK OF EXTERNAL SOURCES

In accordance with this project's list of objectives (number four) and methodology (paragraph four), this section was to deal with the issue of marketing the U.S. Army Air Defense Artillery Center to the El Paso community. After initial contact with the Center, however, it was determined that a study of the Fort Bliss marketing philosophy would be more beneficial than concentrating on the Center.

The Fort Bliss Public Affairs Office (PAO) represents the post in two broad categories, internal and external publics (Lawson 1989). The internal public consists of six segments: active duty personnel, dependents of active duty,

retirees and their dependents, civilian employees, cadets, and the reserve component. The external publics are all those civilian individuals and groups with an interest in Fort Bliss and its activities.

Each of these categories is reached in a variety of ways. For example, communicating with the internal public is accomplished by means of the post newspaper, post daily bulletin, special events, and command channels. The bulk of external public interaction, on the other hand is by means of news releases and responses to media queries. In both cases, interaction is accomplished by responding to requests for speakers, arranging special tours and open houses, and answering the questions of groups and individuals. The relative mix of methods and audiences is shown at Figure 5.

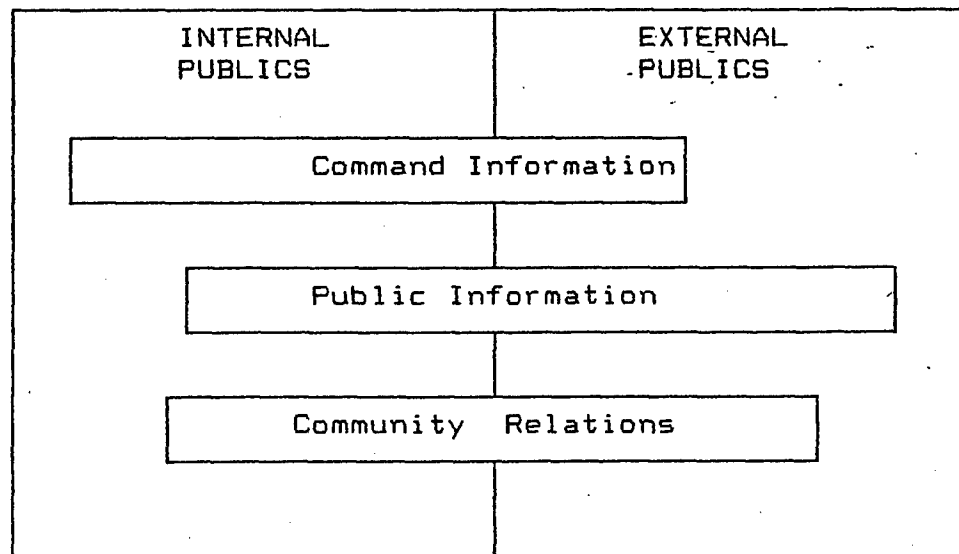


Fig 5. The Relationship in Selected Services Provided by the Public Affairs Office of an Army Fort to its Publics.

In addition to the techniques and their targets, the Fort Bliss PAO operates with two broad philosophies. First, "If it isn't classified I'll help you get the information you need for your story." Second, "Bad news doesn't get better if hidden -- it only gets worse." In both of these issues the intent is to be seen as helpful in providing information that will become public in any event. As a result of this attitude, the Army's side of the story has a better chance of being told in an even and fair manner.

The Fort Bliss lessons, techniques, and approach to public relations are each usable in the development of a marketing plan for William Beaumont. The internal publics faced by Fort Bliss are identical to those of WBAMC with one exception. WBAMC is also responsible for the tertiary medical care to prisoners in the local federal prison and to members of two local indian tribes. The external publics are also the same for both organizations. Finally, as an established PAO, the Fort Bliss office has philosophies that are proven in daily contacts with the media, groups, and individuals.

THE CASE OF WILLIAM BEAUMONT ARMY MEDICAL CENTER

William Beaumont Army Medical Center's organizational structure is established in its Table of Distribution and Allowance (TDA), dated 2 October 1988. The marketing support for the Center is designed to be provided by the Public Affairs Office (PAO) (Health Services Command 1989).

In accordance with HSC Regulation 10-1, Organizations and Functions Policy the PAO has the responsibility for "building understanding and awareness of Army health care programs among all segments of the population" serviced by WBAMC. To this end, the regulation states that a medical center will normally have a full-time civilian assigned as the chief of the PAO. WBAMC's modifications to the original document, however, have eliminated the authority to hire a civilian. The TDA entry for the office of public affairs shows a requirement of three personnel. Of the three, however, only one of the positions is authorized to be filled (Table 3).

Table 3

The Office of Public Affairs, WBAMC

Position	Grade	Required	Authorized
Public Affairs Specialist	GS-11	1	0
Journalist	MIL-E4	1	1
Clerk Stenographer	GS-04	<u>1</u>	<u>0</u>
		3	1

Source: Table of Distribution and Allowance(HSWOQ3AA),
Effective 2 October 1988.

The military specialist currently assigned to WBAMC is

fully school trained and capable of doing her duties as a military journalist. Her training, however, does not include the development and staffing of a marketing plan in support of the strategic goals of the Center. Further, this journalist is working without the benefit of a proven SOP for her office or ready access to the Army Regulations and HSC Supplements and Pamphlets relative to the duties of the PAO. The journalist at William Beaumont, is tasked with the taking of photographs, writing stories for the post and HSC newspapers, and being otherwise reactive to the needs of the command suite. At WBAMC, the driving force behind public affairs is found in the form of the Executive Officer.

In addition to the Public Affairs Office of William Beaumont Army Medical Center, many other elements have some amount of marketing responsibility. The health care and administrative staffs are expected to display appropriate patient relations skills. Various service cut-backs require that the effected beneficiaries be addressed as to the care that is available elsewhere in the military and civilian systems. The Patient Representative Officer receives and deals with the daily problems, complaints, and compliments that are brought by individuals and groups. Speakers at all levels of the hospital have the opportunity to tell the WBAMC story at meetings of professional, beneficiary, and interested civilian groups.

This "story telling" is particularly important as WBAMC continues to operate in a dynamic and volatile environment.

This author has found, in meetings with leaders and members of various groups, that availability of and access to quality care is considered a right earned through faithful military service. As Principe, et al, point out (1987), the past insulation of the Army hospital from the changes in the civilian health care setting is quickly eroding. As this separation becomes ever smaller, the Army hospital will be held more accountable to those who are tasked to oversee the military health service system.

To accomplish the broad range of marketing goals, from media interaction to consumer relations to operating within a changing environment, requires a single, Center-wide marketing strategy. This strategy is best set-out through the adoption of a formal marketing plan.

William Beaumont Army Medical Center currently has no centralized plan to market the hospital. Each of the sub-sections of the hospital discussed above market the Center in the manner they think most appropriate. There is no single source that describes the desired basis, intent, or thrust for that marketing effort. In effect, WBAMC has "many loose cannons rolling around on deck" telling its story as best they see fit (Draper). For these reasons, William Beaumont Army Medical Center is in need of a formal marketing plan.

CHAPTER IV
DEVELOPING THE MARKETING PLAN

DEVELOPING THE MARKETING PLAN

The development of a marketing plan requires that a satisfactory marketing planning process be adhered to. A number of workable methods were described in Appendix B. For the purpose of this project, the basic elements of the Lenneville/Steinbruckner process (Table 1, page 33) will be used. This model is chosen due to its development for and initial success, at an Army Medical Center. Additionally, this example encompasses the intent of the processes shown at Appendix B, yet is general enough to allow a flexible application to fill the requirements of William Beaumont Army Medical Center. The Lenneville/Steinbruckner planning process is modified for WBAMC as shown in Table 4.

Table 4

A Marketing Planning Process to be Used by William Beaumont Army Medical Center.

-
- I. Review Previous Year's Marketing Plan
 - II. Review Current Strategic Plan and Command Philosophy
 - III. Develop Goal and Objectives
 - IV. Determine Target Groups
 - V. Develop Marketing Plan
 - VI. Obtain Marketing Plan Approval
 - VII. Implement Plan
 - VIII. Obtain Feedback From Target Groups
 - IX. Modify Plan as Necessary Throughout the Year

Under this project's approved statement of Objectives and Criteria, steps VII, VIII, and IX will not be addressed as an integral requirement of the marketing plan. Instead, these steps will be accomplished as a separate function by a designated "marketing coordinator."

PREVIOUS YEAR'S PLAN

No plan, of course, exists to be reviewed as to its completeness and adequacy in accomplishing the mission.

STRATEGIC PLAN AND COMMAND PHILOSOPHY

William Beaumont Army Medical Center is in the process of developing a strategic plan outlining the mission, goal, objectives, and tasks of the Center. Although the plan has not been resolved and adopted, the mission and goal have been completed to the extent that a marketing plan can be based on a general command philosophy. The mission of WBAMC is to support the Fort Bliss and Army mission of deterrence and/or the successful resolution of conflict at minimal cost. From this mission was derived a proposed goal of an optimal cultural and physical environment in which resources are effectively and efficiently used to maximize the opportunity for health through health services, education, research, and responsible leadership.

The command philosophy presently being advocated at WBAMC is one of relationships. A drive is on at William Beaumont to improve the quality of Center-beneficiary,

patient-staff, and staff-staff inter-relationships. Until people are better able to communicate and relate with each other there will be unnecessary confusion, complaints, and conflict.

Yet to be developed and disseminated are the objectives and tasks directly related to reaching the goal and mission of the Center. Based on the strategic planning work done to date, however, and the command philosophy described above, it is apparent that the marketing requirement for WBAMC includes having an informed set of publics. To this end, the WBAMC marketing plan will focus heavily on internal and external communications. This focus will emphasize the need to educate the various publics reference William Beaumont's capability to provide services and the publics rights and responsibilities relative to those services.

GOAL AND OBJECTIVES

Restated, the selected goal for the WBAMC marketing plan is an outline of concepts and techniques to educate the various publics reference William Beaumont's capability to provide services and the publics rights and responsibilities relative to those services.

The objectives for the WBAMC marketing plan are:

1. To strengthen confidence and satisfaction, as felt by patients and their family members, with the quality of care provided by all staff members of the Center.
2. To improve the ability as staff members to

communicate with each other, with beneficiaries and their families, and with other publics.

3. To improve the capability for WBAMC to educate the public by means of regularly produced media techniques.

4. To develop the position of Patient Representative Officer into a proactive and dynamic program.

5. To develop the position of Journalist such that the absence of a Public Affairs Officer is minimized.

6. To foster and encourage an innovative approach, by staff members, to the mission of educating all internal and external publics.

TARGET GROUPS

The target groups of William Beaumont Army Medical Center are understood as the publics defined in the glossary (page 3). The identification of target groups is found in the articles and interviews provided this project by such persons as Tucker, who discusses stakeholders (1988), Rasco, who discusses market segments (1988), Syre, who discusses audiences (1988), and Whaley-Baker, who discusses publics (1988). An extensive list of publics compiled from these sources is shown at Table 5. The health care organization that has a mature marketing structure will want to include as many of its publics in the marketing plan as possible. This is particularly true in the competitive civilian sector where the public's perceptions effect use of the facility. The entry of consumers into a facility, of course, directly

effects the economic stability of the organization.

WBAMC, with a relatively "captured" set of consumer publics, and in light of its recent adoption of a marketing concept, will find it necessary to prioritize its first-year target groups. This ordering is in concert with the goal of educating, well, the various publics.

Table 5

A Sample of Publics With An Interest in WBAMC

Patients	Congress	Local Hospitals
Active Duty	HSC	Local VA Clinic
Retirees	Volunteers	Local Practitioners
Family Members	Fort Bliss Staff	Community Leaders
Line Commanders	Officer Staff	Tri-Service Leaders
Contract Staff	Enlisted Staff	Military Media
Salespersons	Civilian Staff	Civilian Media
Civic Groups	Medical Society	Hospital Council

The target groups for this marketing plan are, in order of implementation priority: all staff members, patients and their families, beneficiaries, external military groups, and external civilian organizations.

THE MARKETING PLAN

The developers of the marketing plans provided to this

author by the Public Affairs Officers at Letterman and Madigan Army Medical Centers are to be commended. In both instances, they have established a series of objectives for the marketing of their facilities and have outlined a variety of techniques to be used in accomplishing those goals. William Beaumont Army Medical Center would do well to duplicate the work of either Center. Unfortunately, neither plan is based on one of the basic formats discussed in Chapter II, demonstrated at Appendix C, and accepted by the marketing industry.

Lenneville and Steinbruckner (1982) have also presented a marketing plan that was used successfully in support of a Medical Center, albeit for only a short period of time. There are, however, some important elements of marketing planning that are omitted from this format. Not listed among the topics of the Lenneville/Steinbruckner effort are a summary, a situational analysis, and a description of the general marketing strategy. These are necessary elements that aid in describing the process used to develop the marketing plan. These elements would also describe the intent of the Commanding General as to an overall direction for marketing William Beaumont.

After study of the formats available and acceptable, this author has recommended that the William Beaumont Army Medical Center Marketing Plan will use the plan format recommended by Kotler and shown at Table 6.

In the Kotler format, each heading is broad in scope.

With a flexible approach to the paragraph headings, each can be properly used within the context of a military medical setting. Additionally, the choice of the Kotler format is in recognition of his standing within the marketing field.

Table 6

The William Beaumont Army Medical Center Marketing Plan

- I. Executive Summary
 - II. Situation Analysis
 - III. Objectives and Goals
 - IV. Marketing Strategy
 - V. Action Programs
 - VI. Budgets
 - VII. Controls
-

Source: Kotler (1987).

CHAPTER V
THE MARKETING PLAN

THE MARKETING PLAN

Beginning on the following page is the marketing plan for William Beaumont Army Medical Center. The plan is valid from the date of command approval through 30 September 1990, a period of about sixteen months.

This marketing plan is submitted for approval with the disclaimer that the author will not be assigned to WBAMC during the implementation and validation period. Due to this absence, the author recommends that the responsibility of implementing the plan be given to the Center's Executive Officer. Concurrently, WBAMC staff personnel should study all facts leading to the decision to leave as unauthorized a civilian Public Affairs Officer position in the Table of Distribution and Allowance (TDA). The results of such a study should then be used to determine the current need for filling the position.

This marketing plan is an intentionally limited first step to a continuous process. This is necessary as William Beaumont, organizationally and as individual staff members, will need to learn, accept and internalize, marketing skills while pursuing the goal of an educated set of publics. Modifications and future iterations of WBAMC's marketing processes will allow expansion and changes to the plan's goals and objectives.

**A MARKETING PLAN
IN SUPPORT OF WILLIAM BEAUMONT
ARMY MEDICAL CENTER
FORT BLISS, TEXAS**

EXECUTIVE SUMMARY

The goal for this plan is an outline of concepts and techniques to educate the various publics about WBAMC's capability to provide services and the publics' rights and responsibilities relative to those services. The plan's secondary goal is a usable set of concepts and techniques that will serve as a foundation for the long-term use of marketing and market planning at WBAMC. To accomplish these goals, the plan calls for the use of many different techniques to educate the publics.

The objectives for the WBAMC marketing plan are:

1. To strengthen confidence and satisfaction, as felt by patients and their family members, with the health care provided by the Center.
2. To improve the ability of health care team members to communicate with each other, with beneficiaries and their families, and with other publics.
3. To improve the capability for WBAMC to educate the public by means of regularly produced media techniques.
4. To develop the position of Patient Representative Officer into a proactive and dynamic asset.
5. To develop the position of Journalist such that the absence of a Public Affairs Officer is minimized.
6. To foster and encourage an innovative approach, by staff members, to the mission of educating all internal and external publics.

No resource increase or budget reallocation is needed.

SITUATION ANALYSIS

William Beaumont Army Medical Center is currently faced with the requirement to accomplish its increasingly demanding mission, but without increases in personnel and money. At least one consequence of this mission -- resource imbalance has been for the Medical Center to change some of its policies, reduce service budgets, and limit or alter services offered to authorized beneficiaries. Concurrently, William Beaumont must meet renewed public demands for accountability from a host of interested parties, each of which is much more vocal and demanding than in the recent past.

At the same time, however, there exists a parallel need to keep these same interested parties aware of all changes as they are being considered and enacted. It is believed that a fully involved set of concerned groups is critical to the smooth movement of the Hospital through the maze of budget deficits and service retrenchments known and anticipated. The anticipated benefit of having educated internal and external publics is a reduction in confusion, complaints, and conflict.

MARKETING GOAL

The selected goal for the WBAMC marketing plan is an outline of concepts and techniques to educate the various publics about William Beaumont's capability to provide services and the publics' rights and responsibilities

relative to those services. The plan's secondary goal is a usable set of concepts and techniques that will serve as a foundation for the long-term use of marketing and market planning at William Beaumont Army Medical Center.

MARKETING OBJECTIVES

The objectives for the WBAMC marketing plan are:

1. To strengthen confidence and satisfaction, felt by patients and their family members, with the care provided by the Center.
2. To improve the ability of health care team members to better communicate with each other, with beneficiaries and their families, and with other publics.
3. To improve the capability for WBAMC to educate the public by means of regularly produced media techniques.
4. To develop the position of Patient Representative Officer into a proactive and dynamic asset.
5. To develop the position of Journalist such that the absence of a Public Affairs Officer is minimized.
6. To foster and encourage an innovative approach, by staff members, to the mission of educating all internal and external publics.

MARKETING STRATEGY

The core strategy of this marketing plan is to use a wide range of techniques to establish an environment that improves the desire and ability of staff members to better communicate with and educate the various publics that have an interest in the Medical Center. This strategy is in agreement with the current command philosophy of improving all Center-beneficiary, patient-staff, and staff-staff relationships.

Additional personnel and money would be ideal for the implementation phase of the plan. Current constraints on expanding WBAMC's capabilities, however, limit the option to increase either resource. This plan, therefore, works within the manpower strengths currently authorized in the TDA and under a minimal budget outlay. To be successful under such conditions will require seeking and using innovative approaches to communication and education. This should not be difficult when one remembers that, as a start to any communication plan, there is nothing cheaper, and yet more effective, than a smile.

The plan's operational strategy calls for William Beaumont's leadership to be publicly committed to the marketing plan in concept and execution. The leadership's support of the plan will encourage an internal commitment by staff members. The only possibility for successful implementation of this plan is for the active support by all members of the WBAMC health care team.

ACTION PROGRAMS

This marketing plan is designed to present a wide variety of methods for successfully meeting the goal of a better educated public. Most of the action programs are not new to WBAMC or to marketing. In fact, some of the programs that are recommended below are already being considered. This author's intent is to consolidate the current thinking relative to marketing into a single document in order to facilitate the long-term use of marketing plans at WBAMC. Each of the action programs fall into a category previously described as a marketing objective.

1. Strengthen confidence and satisfaction, felt by patients and their family members, with the quality of care provided by the Center.

A. Actively support the elements of the marketing plan, each of which contributes to the public's perception of the Medical Center's ability to render quality care.

B. Expand the concept of a "Beaumont at Work" display as now used at the Headquarters (East) entrance. Another display should be set up in the area of the West entrance to take advantage of the significantly larger traffic flow there. In both cases, east and west, the display photographs must show good employees providing quality care in a caring manner. Additionally, the display must be

changed on a regular basis, possibly with great fanfare.

2. Improve the ability of health care team members to better communicate with each other, with beneficiaries and their families, and with other publics.

A. Increase exposure to the Commanding General's various presentations on stress reduction, interpersonal relations, and communication techniques. Accomplish this by recording each of the various lectures and making the tapes available to groups of any size and at any time.

B. Include "status of communications" as an agenda item for all committee meetings and Department Chief brown bags held at the Center.

C. Task the Inspector General to conduct a quarterly sensing session devoted to the quality of communications within the Medical Center. Although the details are within the duties of the IG, it is recommended that the Journalist and Patient Representative Officer attend each session.

3. Improve the capability for WBAMC to educate the public by means of regularly produced media techniques.

A. Expand the ability for the journalist to use media techniques by establishing an exchange program for the

Center's journalist. This can be accomplished by writing a Memorandum of Understanding with the Fort Bliss PAO which describes a program of training for the journalist.

B. Revitalize the monthly column submitted to the Fort Bliss newspaper: The Monitor. Currently, the Hospital's journalist has been tasked to perform duties not directly related to the public affairs function. Although there are a variety of valid reasons for this occurrence, the outcome is clear: lowered effectiveness in the development of any command and public information. In light of the absence of a civilian Public Affairs Officer, the journalist must be given the opportunity to prepare articles for the Monitor.

C. Develop a regularly produced William Beaumont Army Medical Center newsletter. Using the experiences and lessons learned at other Army Medical Centers, WBAMC should develop a newsletter that communicates current actions, news, and events at the Medical Center. Distribution of the newsletter should be to internal staff, external publics who visit the Center, and external groups or individuals who desire a copy.

D. Develop and present a generic, non-technical slide and script presentation. The intent of this presentation is to describe the mission, duties, abilities, and limitations of WBAMC. Unlike the official command briefing, the generic

presentation will highlight WBAMC in a large scope with less emphasis on details and more emphasis on broad interests of patient, family, and beneficiary interest. This program can be further defined as developing separate presentations for each of several target groups. Examples include a patient and family presentation, a beneficiary presentation, and a non-military-related group presentation. Lastly, the final product should be video taped for export in those instances where it could supplement the WBAMC Speaker's Bureau.

E. For other suggestions on regularly produced media techniques, see Appendix A.

4. Develop the position of Patient Representative Officer (PRO) into a proactive and dynamic asset.

A. Review and revise the duties and SOP of the PRO such that the position reflects the Command's desire to care for and educate the public. The current job description addresses a "WBAMC Concerned Care Program." If there is to be a Concerned Care Program, it must be proactive. In the role as patient ombudsman, the PRO must aggressively seek data in order to provide the Command with a sense of how the public feels about the Center.

B. Specific recommendations relative to expanding the roles and duties of the PRO are at Appendix B.

5. Develop the position of Journalist such that the absence of a Public Affairs Officer is minimized.

A. Develop an SOP for the Public Affairs Office of WBAMC. The basis for this document should be HSC Regulation 10-1 (Organization and Functions Policy). The intent of the SOP shall be to provide structure and guidance to the junior enlisted journalist, who performs the duties of the senior-graded civilian Public Affairs Officer.

B. Include appropriate Army Regulations (AR) and other required documents in the Command Suite library. This list of publications should include AR 360-5 and HSC Supplement (Army Public Affairs, Public Information), 360-61 and HSC Supplement (Community Relations), 360-81 and HSC Supplement (Command Information Program), and HSC Pamphlet 360-1 (Public Affairs Officer, Desk-Top Guide).

6. Foster and encourage an innovative approach, by health care team members, to the mission of educating all internal and external publics.

A. Demonstrate the Command's support for the concept of advancement through innovation. Minus any other programs or command directives, the Center's leadership should speak to innovation as a successful method for making the best use of limited resources. At such opportunities, the leadership

must differentiate the submission of suggestions under the Army Suggestion Program from the submission of innovative ideas. Suggestions require special forms and reviewing boards. Innovations, on the other hand, require no such paperwork and there is no request for formal approval; instead, the submission of an innovation is merely the sharing of a proven concept or untried idea.

B. Develop a program to actively promote innovation at WBAMC. Accomplishing this objective will mandate WBAMC's active coordination with the Health Services Command Office of Innovation. The program's first action is to appoint a WBAMC innovation coordinator. Another important element of the program will be to aggressively search-out innovations of the Center and to share these through the HSC Innovation Bulletin Board or Innovation Newsletter. A reasonable initial objective will include the submission of a WBAMC innovation, of interest throughout the command, every month.

C. See Appendix C for examples of innovation that can be implemented at WBAMC.

BUDGETS

No redesignation of monies is required under the general concept of this marketing plan. This measure of austerity could be modified depending on the scale chosen to implement a Medical Center Newsletter. Unforeseen budget

requirements could also be presented during the pursuit of innovative marketing techniques as described under paragraph six of the Action Programs section. Make maximum use of public affairs money available from the HSC Public Affairs Office or other sources.

CONTROLS

The Executive Officer will establish a regular meeting with the Journalist, Patient Representative Officer, and any other personnel to discuss the status of the marketing plan. This discussion's scope will include any changes to the plan that are necessary to ensure that the goal of educating all publics is accomplished. A guide to facilitate this regular discussion is at Appendix D. Marketing planning and plans do occasionally fail. The reasons most frequently given for failure are described at Appendix E.

APPENDIX A

MEDIA TECHNIQUES

1. Cultivate the media by offering an annual program for community media personnel to receive a briefing and tour of the facility. Likewise, give advance information on areas of interest.
2. Begin using the in-hospital television cable to display a wide variety of information. Topics that can be broadcast include command information, patient orientation, health promotion, and preventive medicine.
3. Develop a wallet-sized card for distribution to Hospital beneficiaries. This hospital information card would include appropriate telephone numbers for reporting emergencies, requesting appointments, addressing administrative issues, and asking CHAMPUS questions. The card must have a print date and be revised regularly.
4. Use hospital personnel to make videotapes demonstrating the proper and improper methods for dealing with each other and with WBAMC's various publics. These can be used with live or taped presentations of the Commanding General's patient relations lectures.
5. Expand the patient appointment telephone service to add

a list of outpatient clinics closed to appointments. This will require daily production by the patient appointment supervisor. On the other hand, it will eliminate the need for patients to wait needlessly in the telephone queue, and will shorten the wait time for other callers.

6. Develop a writer's program to tap staff talent and reduce the Journalist's workload.

7. Renew the use of Hometown News releases.

8. Develop a multi-color, professionally reviewed brochure telling the story of the Medical Center. This counters the problem that many beneficiary perceptions are not based on fact. Walter Reed Army Medical Center and Wilford Hall Air Force Medical Center have samples of this media technique. If un-fundable, follow the lead of Keller Army Community Hospital at West Point with an in-house publication.

9. When purchasing new equipment get a copy of the video used by the manufacturer or salesman. This is then shown to educate the patient and other interested publics.

10. Get WBAMC personnel, experts in their area, onto local television and radio talk shows. Good opportunities include scheduled health related events (the Great American Smokeout and Heart Week) but need not be limited to those times.

APPENDIX B**EXPANDING THE ROLE OF THE PATIENT REPRESENTATIVE**

The current SOP for the Patient Representative Officer (PRO) calls for "communicating with and demonstrating to the patients and their families, the hospital staff, and the community, the concern and responsiveness of the hospital in meeting the individual's health needs." The following ideas support that goal.

1. The (PRO) should call, daily, a manageable random sampling of previous outpatients and discharged inpatients. The focus of the telephone call is to obtain feedback on the health care encounter. The call should be made within two days of the clinic visit or five days of the inpatient discharge. Patient privacy must be maintained but accurate, paraphrased notes should be taken. A copy is routed to the responsible Department and a copy is kept on file in the PRO's office.

2. The PRO should visit a manageable random sample of the clinics or wards each day, or some other regularly scheduled basis. This walk-through is not an inspection, is not an assistance visit, and requires no formal coordination with the area visited. The purpose, instead, is for the PRO to gain a "feel" for the Hospital and any problems or obstacles encountered by patients and their family members.

3. The PRO should coordinate with patient representatives and ombudsmen of local civilian hospitals in order to stay abreast of the current thinking, procedures, and literature relative to seeking patient input.

4. The Medical Center will order books, such as Patient Representation in Contemporary Health Care, published by the American Hospital Association, that describe current patient representative thinking and procedures.

APPENDIX C

INNOVATION AT WBAMC

The following list is only to demonstrate the limitless potential for unearthing innovative ideas relative to WBAMC and marketing.

- * Publish an employee's fact book. Every employee is a marketing representative and should have the information needed to succeed in that role.
- * Develop a guest relations committee. Use this committee to evaluate the quality of patient relations and develop ways to improve when and where needed.
- * Have regular visits with leaders of beneficiary groups. Do this in small numbers to solicit ideas, tell the WBAMC story, and co-op the group's leadership.
- * Present regular tours for new beneficiaries. Present information and handouts for short- and long-term use.
- * Present an annual tour for civilian community leaders.
- * Sponsor an annual Retiree Appreciation Day. Include current capabilities, policies, and limitations. Have easy access to the Health Benefits Advisor and the Patient Representative Officer. Answer questions or promise to get back with the answer.
- * Sponsor an annual Beneficiary Appreciation Day.
- * Produce a narrative of recent "bad patient relations." Use this as a way to vividly demonstrate what not to do.
- * Have the staff call recent patients for a quality check. Ask the same questions that the Patient Representative Officer asks. Allow the physician, nurse, or administrative staff member to hear what the patient perceives.
- * Establish a "We Care" award similar to Ft Huachuca. This recognizes those staff members that go out of their way to be helpful and caring to the patient or his/her family.
- * Create a speakers bureau for military and civilian use. Be proactive in advertising the availability of health care experts for a variety of meetings and events.

* Have a WBAMC representative at all Ft Bliss forums. Do not allow improper perceptions to feed the flames of discontent. A hospital representative can quickly and accurately address the many issues that are raised.

* Prepare a fact-sheet reference Congress' role in setting a budget that ultimately identifies and limits the Medical Center's range of services.

* Produce a regular mini-newsletter for in-hospital use. Make this an employee newsletter with fresh information of interest to the staff. Solicit production and input support from the members of the Hospital staff.

* And on, and on, and on

APPENDIX D**MARKETING PLAN REVIEW**

1. Strengthen patient / family confidence and satisfaction
 - A. Is the marketing plan actively supported?
 - B. Has the "Beaumont at Work" display been expanded?
2. Improve staff member communication skills
 - A. Has the Commanding General's lectures been taped?
 - B. Is "status of communications" an agenda item?
 - C. Is the IG conducting sensing sessions?
3. Educate publics through regularly done media techniques
 - A. Is there an MOU for the Journalist's training?
 - B. Is the WBAMC Monitor column being used?
 - C. Has a Medical Center Newsletter been developed?
 - D. Has a non-technical slide and script been prepared?
 - E. Are other regularly produced media techniques used?
4. Develop the position of Patient Representative Officer
 - A. Have the duties and SOP been reviewed / revised?
 - B. Are other suggestions / ideas being pursued?
5. Develop the position of Journalist
 - A. Has a Public Affairs Office SOP been developed?
 - B. Have needed regulations / documents been received?
6. Foster and encourage innovation education of publics
 - A. Does the Command actively support innovation?
 - B. Is there a program to promote innovation?
 - C. Are other innovative ideas being pursued?
7. Is the budget adequate to support the marketing plan?

APPENDIX E**MARKETING PLAN FAILURE**

The following are among the reasons given by Winston in How to Write a Marketing Plan for Health Care Organizations as a monographic supplement to Health Marketing Quarterly, Volume 2, 1985; and by Bell in How to Prepare a Results -- Driven Marketing Plan, published by AMACOM in 1987.

1. Lack of marketing planning.
2. Unsophisticated targeting.
3. Lack of administrative and financial support.
4. Lack of coordination between directors.
5. Marketing directors not possessing enough training.
6. Unrealistic expectations.
7. Lack of internal marketing.
8. No plan for planning.
9. Not devoting enough time.
10. Failure to integrate the planning stages.
11. Strategic drift.
12. Failure to develop tactics.
13. Failure to control.
14. Unwillingness to modify the plan.
15. Not "selling" the plan.
16. Planning becomes a ritual.

A POSTSCRIPT

A POSTSCRIPT

Any management project worth the effort put into it will develop tangents the author would like to pursue. In most cases, however, the tangent doesn't fit into the scope of the project and is soon forgotten. And so it is here.

The thought encountered by the author addresses the need to sell a military medical marketing plan to the line commanders. How can the medical treatment facility produce its own marketing plan following current civilian marketing concepts and get the acceptance of a public used to writing in "Army Talk?"

This author's answer is the standard five-paragraph operations order (OPORD). On the following page is an attempt to fit the William Beaumont marketing plan topic headings into the OPORD format. Although not recommended as a replacement to this project's format for WBAMC's marketing plan, the use of the OPORD is provided to stimulate thought and discussion.

WILLIAM BEAUMONT MARKETING PLAN

I. Situation

* This paragraph details the **situation analysis** from the WBAMC marketing plan format.

II. Mission

* This paragraph details the **goal statement** from the WBAMC marketing plan format.

III. Execution

A. Commander's Intent

* This paragraph details the **objectives** from the WBAMC marketing plan format.

B. Concept of Operation

* This paragraph details the **marketing strategy** from the WBAMC marketing plan format.

C. Coordinating Instructions

* This sub-paragraph details the **action programs** from the WBAMC marketing plan format.

IV. Service Support

* This paragraph details the **budget** from the WBAMC marketing plan format.

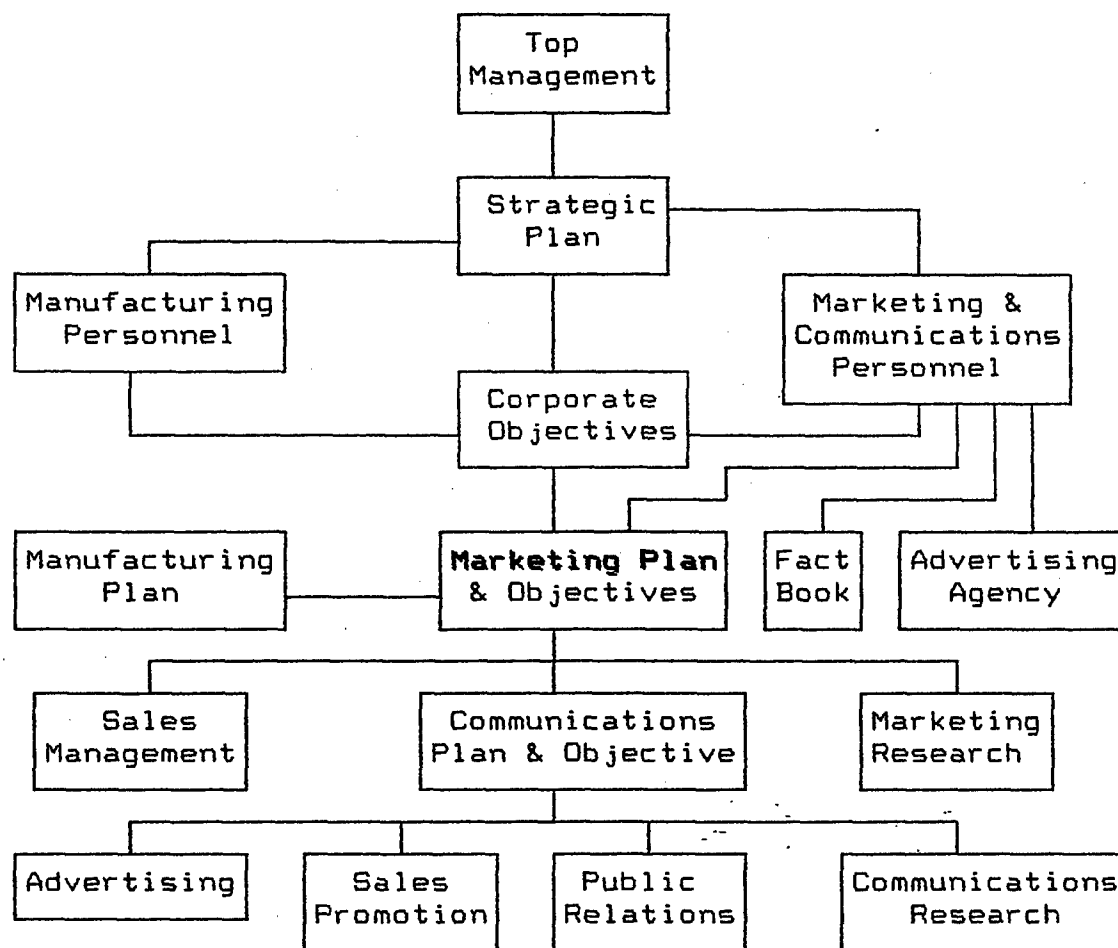
V. Command and Signal

* This paragraph details the **controls** from the WBAMC marketing plan format.

APPENDICES

APPENDIX A

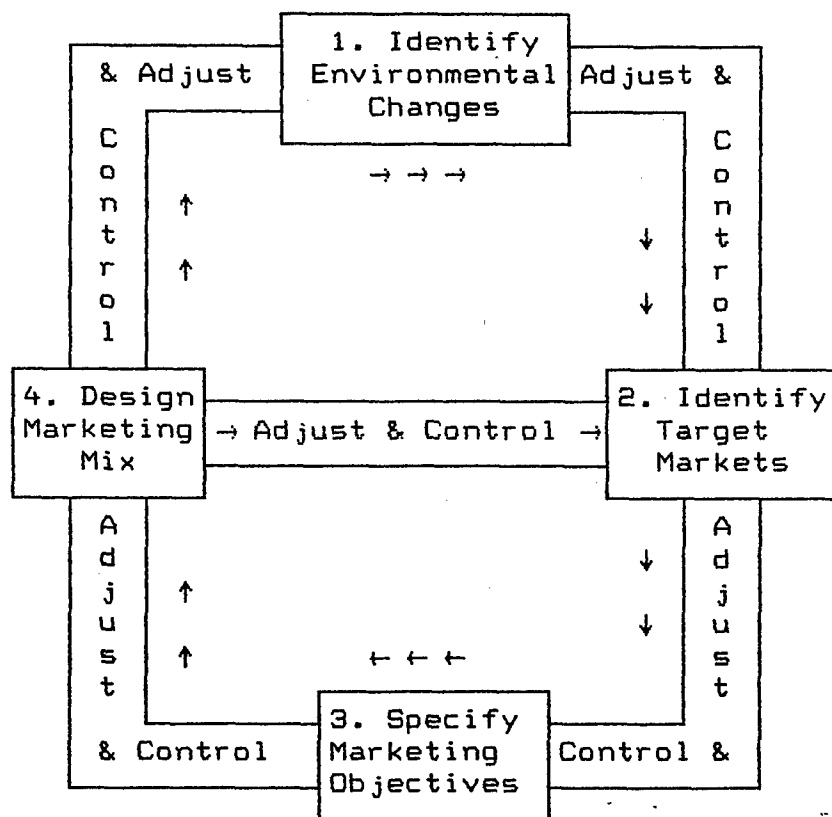
MARKETING'S PLACE WITHIN THE PLANNING PROCESS



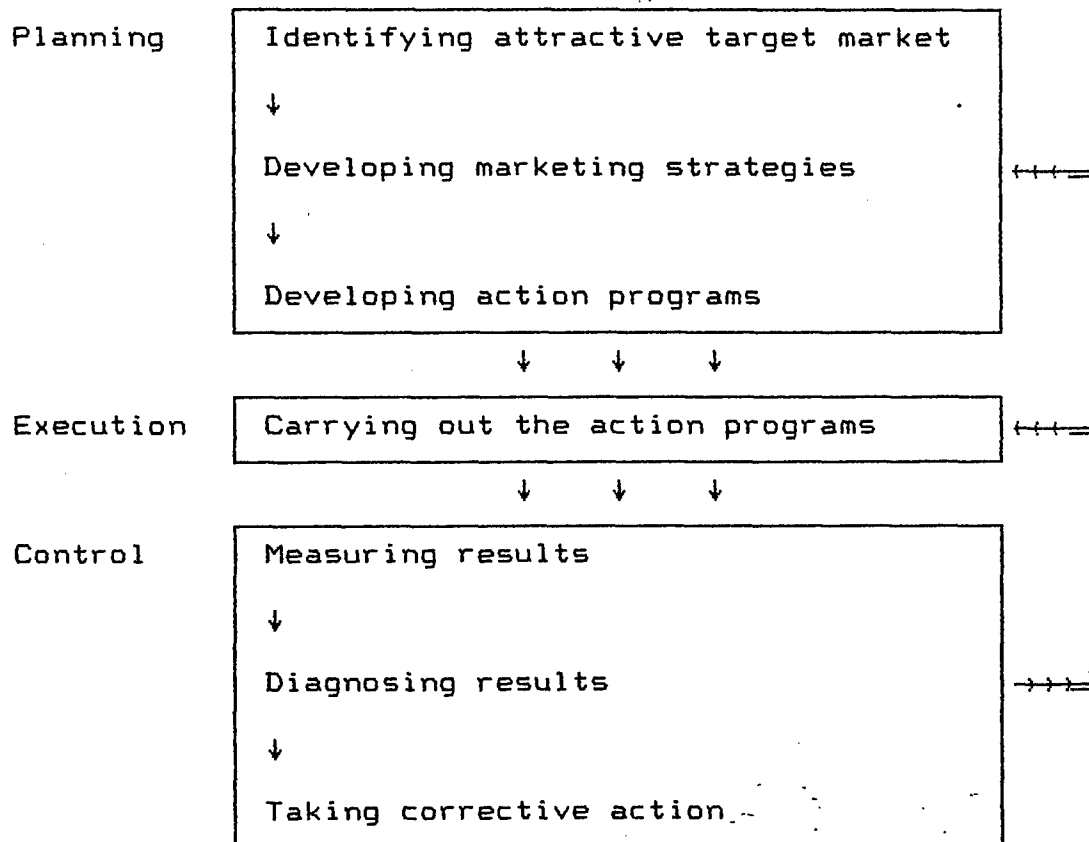
"Schematic of Planning Process." Luther, William M.
The Marketing Plan. New York: American Management
 Associations, 1982.

APPENDIX B

THE MARKET PLANNING PROCESS (Leahy)



"A Schematic Representation of the Marketing Plan, a Five-Step Approach." Leahy, Lawrence. "Marketing Management for Health Care Delivery." Health Care Administration Division. Academy of Health Sciences. San Antonio, Spring semester, 1988.

THE MARKET PLANNING PROCESS (Kotler)

"The Marketing Planning and Control System." Kotler, Phillip, and Alan R. Andreasen. Strategic Marketing for Nonprofit Organizations. Englewood Cliffs: Prentice-Hall, 1987.

THE MARKET PLANNING PROCESS (Bell)

Phase I (Analysis)

1. Review last year's plan
2. Satisfy the planning prerequisites
3. Decide on the product/market focus
4. Prepare a situation analysis
5. Prepare an analytic summary

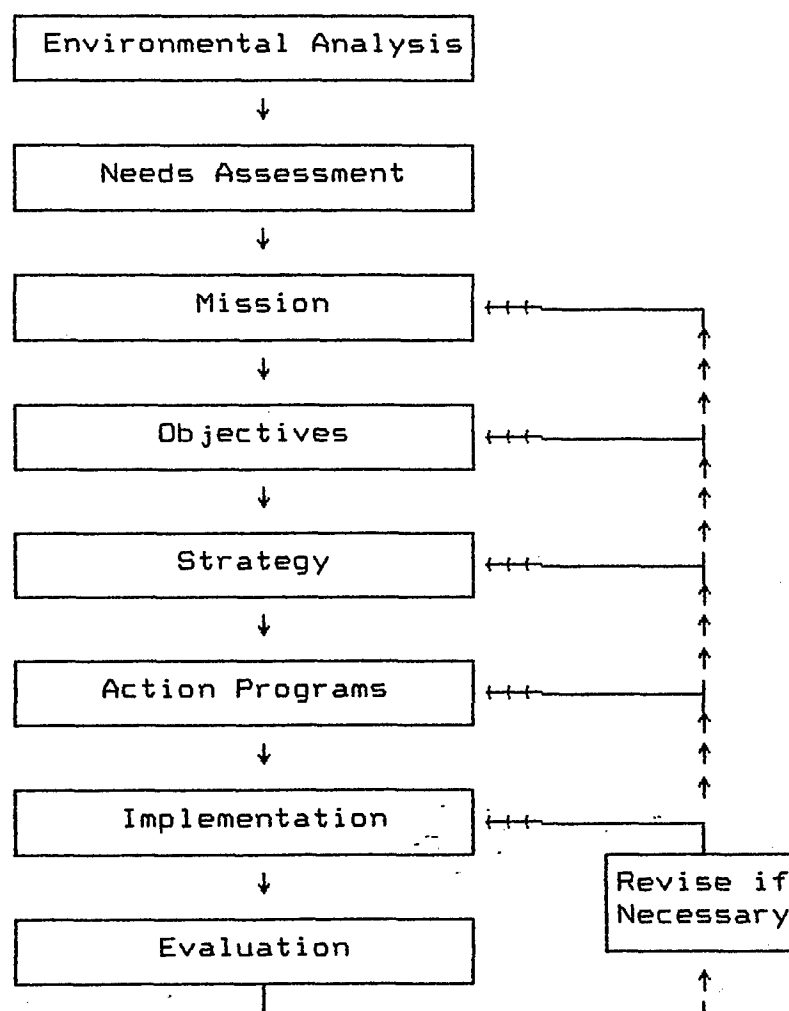
Phase II (Development)

6. Finalize marketing objectives
7. Identify marketing strategy alternatives
8. Develop the marketing mix
9. Select a strategy option

Phase III (Finalization)

10. Design the tactics
11. Present the plan
12. Write the plan
13. Implement the plan
14. Measure, evaluate, and control

"Steps in the Marketing Planning Process." Bell, Martin L. How to Prepare a Results -- Driven Marketing Plan. New York: American Management Association, 1987.

THE MARKET PLANNING PROCESS (Crompton)

"Steps in the Marketing Planning Process." Crompton, John L., and Charles W. Lamb. Marketing Government and Social Services. New York: John Wiley & Sons, 1986.

APPENDIX C
MARKETING PLAN FORMAT (Leahy)

- I. Statement of Major Strategies
- II. Marketing Objectives
- III. Profit and Loss Statement
- IV. Communication Plan
 - A. Objectives
 - B. Strategies
 - 1. Creative Strategy
 - 2. Media Strategy
 - 3. Sales Promotion
 - 4. Public Relations
 - C. Specific Plans
- V. Market Research
- VI. Sales Management Plan

"The Marketing Plan Format." Leahy, Lawrence.

"Marketing Management for Health Care Delivery." Health
Care Administration Division. Academy of Health Sciences.
San Antonio, Spring semester, 1988.

See also: Luther, William M. The Marketing Plan. New
York: American Management Associations, 1982.

MARKETING PLAN FORMAT (Lovelock)

Executive Summary

Situational Analysis

External

Environment, consumers, employees,
Fundors, distributors, competition

Internal

Objectives
Strengths and weaknesses

Problems and Opportunities

Momentum forecast
Identify gaps

Marketing Program Goals (Where Do We Want To Go?)

Specific, realistic, important, prioritized

Marketing Strategies (How Are We Going To Get There?)

Positioning

Target segments, competitive stance,
usage incentive

Marketing mix

Product, price, distribution [place],
marketing communication [promotion]

Contingency strategies

Marketing Budget (How Much and Where?)

Resources

Money, people, time
Amount and allocation

Marketing Action Plan

Detailed breakdown of activities for each goal
Responsibility by name
Activity schedule by milestone format
Tangible and intangible results expected

Monitoring System

"A Marketing Plan Format." Lovelock, Christopher H.,
and Charles B. Weinberg. Marketing for Public and Nonprofit
Managers. New York: John Wiley & Sons, 1984.

MARKETING PLAN FORMAT (Bell)

- I. The Executive Summary
- II. Marketing Objectives
- III. Situation Analysis Summary
- IV. Analytic Summaries
- V. Marketing Strategy
- VI. Marketing Tactics
- VII. Implementation
- VIII. Procedures for Monitoring, Evaluation, and Control
- IX. Expected Results
- X. Contingency Plans (as required)

"A Marketing Plan Format." Bell, Martin L. How to Prepare a Results -- Driven Marketing Plan. New York: American Management Association, 1987.

APPENDIX D
SURVEY OF ARMY MEDICAL CENTERS

HSHM-MZC

4 January 1989

MEMORANDUM THRU: Chief of Staff, *** Army Medical Center,
FOR: Executive Officer, *** Army Medical Center,
SUBJECT: Marketing and Public Relations

1. My name is Captain David Rubenstein and I am the Administrative Resident at William Beaumont Army Medical Center, El Paso, Texas. This letter serves to request information that will be used in the conduct of my Graduate Management Project (GMP).

2. My GMP is "To Develop a Marketing Plan in Support of William Beaumont Army Medical Center." To that end, I am including a study of the methods other medical centers use to market to their various publics. The intent behind this request for information is to learn from the work of others and incorporate those ideas that may help William Beaumont.

3. At the enclosure is a short questionnaire I would like you to fill out. The complete request should not take more than thirty minutes of your time. Please use the enclosed envelope to return the survey to me or mail to:

Commander
William Beaumont Army Medical Center
ATTN: HSHM-MZC (Rubenstein)
El Paso, Texas 79920-5001

4. I know your time is valuable and this seems as just another string being pulled on. I do, therefore, appreciate your effort to get me over this last "hump" of the Baylor Program.

Enclosure

DAVID A. RUBENSTEIN
Captain, Medical Service Corps
Administrative Resident

This survey is designed to support the development of a marketing plan for William Beaumont Army Medical Center, El Paso, Texas. If you have any questions about any aspect of this survey please contact me at William Beaumont Army Medical Center, El Paso, Texas, 79920-5001, (Autovon) 979-2401/2450, (Email) MDU0623.

Thanks: CPT David Rubenstein

MARKETING AT *** ARMY MEDICAL CENTER

1. Does *** have a formal marketing plan?
2. If #1 above is yes, who prepares it (by position)?
3. If #1 above is yes, please return a copy with this survey.
4. If #1 above is no, how does *** communicate with those beneficiary groups seeking care at the Medical Center?
5. Reference #4 above, is this system reduced to writing?
6. If #5 above is yes, please return a copy with this survey.
7. Does *** have an SOP for its Public Affairs Section?
8. If #7 above is yes, please return a copy with this survey.
9. Do you have any thoughts or ideas about military healthcare marketing that I could use as a follow-up to this survey?

APPENDIX E
RESULTS OF ARMY MEDICAL CENTER SURVEY

	WR	E	B	F	L	M	T
1. Formal marketing plan?	N		N	N	Y	Y	N
2. Who prepares plan?	NA		NA	NA	PAO	PAO	NA
3. Send a copy of plan.	NA		NA	NA	Y	Y	NA
4. Commo without a plan?	V		V	V	V	V	V
5. Is #4 above written?			N	N	N	Y	N
6. Send a copy of #5.			NA	NA	NA	NA	NA
7. Is there a PAO SOP?	N		N	N	N	Y	N
8. Send a copy of #7.	NA		NA	NA	NA	Y	NA
9. Comments.	V		V	V	V	V	V

LEGEND: Top row are the hospital identifiers:

WR = Walter Reed
 B = Brooke
 L = Letterman
 T = Tripler

E = D. D. Eisenhower
 F = Fitzsimons
 M = Madigan

Within the matrix are response codes:

N = No
 Y = Yes
 V = Various

NA = Not Applicable
 PAO = Public Affairs Officer

APPENDIX F**HEALTH SERVICES COMMAND STRATEGIC PLAN**

Following are the tasks identified in the most recent HSC Strategic Command Strategic Plan in support of the objective to "develop and implement marketing strategies for health care services."

1. Identify target groups
2. Identify target groups expectations
3. Design communication vehicle(s) for transmitting information.
4. Design system to scan internal and external environments and forecast trends.
5. Design system to select information to use to meet marketing opportunities and needs.
6. Implement.
7. Evaluate and adjust.
8. Develop and export an educational package which clearly explains the realities of government provided health care coverage for our retirees.

**SELECTED
BIBLIOGRAPHY**

SELECTED BOOKS

- Allison, Robert F., William L. Dowling, and Fred C. Munson. Health Services Management: Readings and Commentary. Ed. Anthony R. Kovner, and Duncan Neuhauser. 3rd ed. Ann Arbor: Health Administration Press, 1987.
- American Society for Hospital Public Relations. A Basic Guide to Hospital Public Relations. Chicago: American Hospital Association, 1984.
- Arthur Anderson & Co, and American College of Healthcare Executives. "The Future of Healthcare: Changes and Choices". n.p.: Arthur Anderson & Co, and American College of Healthcare Executives, 1987.
- Bell, Martin L. How to Prepare a Results -- Driven Marketing Plan. New York: American Management Association, 1987.
- Crompton, John L., and Charles W. Lamb. Marketing Government and Social Services. New York: John Wiley & Sons, 1986.
- Fox, Peter D., and LuAnn Heinen. Determinants of HMO Success. Ann Arbor: Health Administration Press, 1987.
- Griffith, John. The Well-Managed Community Hospital. Ann Arbor: Health Administration Press, 1987.
- Kotler, Phillip. Marketing for Nonprofit Organizations. Englewood Cliffs: Prentice-Hall, 1982.
- Kotler, Phillip, and Alan R. Andreasen. Strategic Marketing for Nonprofit Organizations. Englewood Cliffs: Prentice-Hall, 1987.
- Kotler, Phillip, and Roberta Clarke. Marketing for Health Care Organizations. Englewood Cliffs: Prentice-Hall, 1987.
- Levitt, Theodore. The Marketing Imagination. New York: Free Press (Macmillan), 1983.
- Lovelock, Christopher H., and Charles B. Weinberg. Marketing for Public and Nonprofit Managers. New York: John Wiley & Sons, 1984.
- Luther, William M. The Marketing Plan. New York: American Management Associations, 1982.
- McClung, Linda. Basic Media Relations. Corpus Christi: n.p., [1987].

Makens, James C. The Marketing Plan Workbook. Englewood Cliffs: Prentice-Hall, 1985.

Texas Hospital Association. Public Relations Manual. Austin: Texas Hospital Association, 1982.

United States. United States Air Force Medical Service. 1987 Healthcare Innovators Catalog. Brooks Air Force Base: Center for Healthcare Innovation, 1987.

---. ---. Healthcare Innovators Catalog. 2nd ed. Brooks Air Force Base: Center for Healthcare Innovation, 1988

Winston, William J. How to Write a Marketing Plan for Health Care Organizations. New York: Haworth Press, 1985.

ADDRESSES AND INTERVIEWS

Balance, Bonnie. Assistant Hospital Administrator, Inpatient and Ambulatory Surgical Centers, Walter Reed Army Medical Center, Washington, DC. Personal Interview. 19 Apr. 1989.

Draper, Major Larry. Executive Officer, William Beaumont Army Medical Center, Fort Bliss, Texas. [Numerous dates.]

Friends of Beaumont. Issues raised at a panel discussion with Congressman Ron Coleman. 18 Mar. 1989.

Grossman, Larry. Chief, Plans and Policy, Public Affairs Office, Health Services Command, Fort Sam Houston, Texas. 27 Mar. 1989.

Kehoe, Lieutenant Colonel Michael. Chief, Office of Public Affairs, Health Services Command, Fort Sam Houston, Texas. Personal Interview. 23 Dec. 1988.

Kurtz, Randall D. "The Future of Healthcare: Changes and Choices." 1988 Preceptor's Conference. U.S. Army-Baylor University Graduate Program in Health Care Administration. San Antonio, 16 Nov. 1988.

Leahy, Lawrence. "Marketing Management for Health Care Delivery." Health Care Administration Division. Academy of Health Sciences. San Antonio, Spring semester, 1988.

McClung, Linda. "Basic Media Relations." Texas Society for Hospital Public Relations and Marketing. Texas Hospital Association. Houston, 12 Oct. 1988.

Mendez, Claire. Director, Community Relations, HCA Sun Valley Regional Psychiatric Hospital, El Paso, Texas. Personal Interview. 18 Apr. 1989.

Murphy, Colonel John. Chief, Medical Service Corps, U.S. Air Force, Bolling Air Force Base, Washington, D.C. 16 Feb. 1989.

Pate, Alfred S. "Innovation-The Veterans Administration Approach." 1988 Preceptor's Conference. U.S. Army-Baylor University Graduate Program in Health Care Administration. San Antonio, 17 Nov. 1988.

Rasco, Colonel William. Consultant in Patient Relations, HQ, Joint Military Medical Command, Randolph Air Force Base, Texas. Personal Interview. 27 Apr. 1988.

Richards, Betty. Director of Donor Resources, United Blood Services, El Paso, Texas. Personal Interview. 19 Apr. 1989.

Todd, Colonel Warren. Student, U.S. Army War College, Carlisle Barracks, Pennsylvania. 14 Mar. 1989.

Tucker, Stephen. Dean, Behavioral and Administrative Studies, Trinity University, San Antonio, Texas. Personal Interview. 22 Dec. 1988.

Van Straten, James. "Institutional Goals and Environmental Dictates." 1988 Preceptor's Conference. U.S. Army-Baylor University Graduate Program in Health Care Administration. San Antonio, 16 Nov. 1988.

Whaley-Baker, Karlette. "An Overview of Hospital Public Relations and Marketing." Texas Society for Hospital Public Relations and Marketing. Texas Hospital Association. Houston, 12 Oct. 1988.

SELECTED ARTICLES

MILITARY

- Academy of Health Sciences. "1988 Marketing Plan for Academy of Health Sciences, United States Army." [Fort Sam Houston, Texas]. [c.1988].
- Associated Press. "Justices Strike Liability Law in Beaumont Case." El Paso Times. 11 May 1988: 1B.
- Health Services Command. "U.S. Army Health Services Command (HSC) Strategic Plan." Fort Sam Houston, Texas. 16 May. 1988.
- . "Health Services Regulation 10-1, Organization and Functions Policy." Fort Sam Houston, Texas. 31 Mar. 1989.
- Hennrikus, Colonel George F. "Washington Scene: Medical Readiness Underscored." The Retired Officer. Jun. 1988: 8-9.
- Hitzelberger, Colonel Anton L., and Veaudry, Colonel Wallace L. "The Complex Issue of Medical Care: Are We Curing the Patient or Only Treating Symptoms?" Army. May. 1988: 42-50.
- Huff, Sara D. "Military and Civilians: Working Together." AORN Journal. 39.6 (1984): 1072-1074.
- Lenneville, Captain Mark W., and Steinbruckner, Lieutenant Colonel Kenneth P. "Marketing of a Military Ambulatory Surgical Center." Military Medicine. 147.11 (1982): 963-966.
- Murphy, Mark. "Military Medical Services Versus the Public Health Service," editorial letter, Military Review. 68.6 (1988): 87.
- Principe, Richard, Robert Foster, Stanley Illich, and Susan Wong. "Environmental Changes in the Health Care Industry and the U.S. Army Medical Department." Hospital Topics. 65.3 (1987): 32-34.
- Revels, Jim. "Military Medical Care Fights Tight Budget." El Paso Times. 10 Apr. 1988: 4F.
- Scharrer, Gary. "Beaumont Budget Cut Has Retirees Worried." El Paso Times. 23 Mar. 1988: 1B.
- "U.S. Army Medicine: From the Ferment, Profound Changes." Army. 36.3 (1986): 22-25+.

Wechsler, Jill. "Keeping Retirees Coming to the Base."
Interservice. Spring 1988: 42-52.

GENERAL MARKETING

- Arnold, Danny R., Louis M. Capella, and Delia A. Sumrall. "Organization Culture and the Marketing Concept: Diagnostic Keys for Hospitals." Journal of Health Care Marketing. 7.1 (1987): 18-28.
- Boshard, Nick. "A Planning and Marketing Prototype For Changing Health Care Organizations." Hospital Topics. 65.6 (1987): 34-38.
- Davis, Beverly. "How to Start or Improve Your Public Relations Program -- Without a Large Budget." Hospital Topics. 64.3 (1986): 10-13+.
- Endresen, Karen. "Psychographic Segmentation for Marketing Success." Healthcare Executive. 3.2 (1988): 26-29.
- Fitzgerald, Paul, and Lynda Embrey. "Media Relations: Clues for Improvement." Hospital & Health Services Administration. 32.1 (1987): 39-47.
- Frasca, Ralph, and Mary Schneider. "Press Relations: A 14-Point For Enhancing the Public Image of Health Care Institutions." Health Care Management Review. 13.4 (1988): 49-57.
- Gourley, David, and Mary Moore. "Marketing and Planning in Multi-Hospital Systems." Hospital and Health Service Administration. 33.3 (1988): 331-344.
- Hunter, Susan. "Marketing and Strategic Management: Integrating Skills for a Better Hospital." Hospital & Health Services Administration. 32.2 (1987): 205-217.
- Louden, Teri L. "The Sale Isn't Over Till the Customer is Happy." Modern Healthcare. 18.33 (1988): 52.
- McGrory, Jan K. "All Hospital Employees Involved in Guest Relations Program." Texas Hospitals. 44.5 (1988): 30.
- Peterson, Kristine. "Guest Relations: Substance or Fluff." Healthcare Forum Journal. 31.2 (1988): 23-26.
- Pol, Louis G., and David M. Ambrose. "Marketing With Demographics: How Innovative Hospitals are Using Demographics to Enhance Their Market Position." Healthcare Forum. 30.1 (1987): 39-41.
- Robinson, Larry M., and Philip D. Cooper. "Roadblocks to Hospital Marketing." Journal of Health Care Marketing. 1.1 (1980): 18-24.

Singer, Stacey and Elizabeth Cecere. "Reaching the Healthcare Consumer: Mass Media or Targeted Communications." 3.2 (1988): 34-37.

Smith, Peter P. "Making Advertising Work." HMQ. 10.3 (1988): 14-16.

Syre, Thomas R. "Hospital Marketing at the Crossroads." Hospital Topics. 66.2 (1988): 14-17.

Weber, David. "Strategies That Work: Some of the Most Successful Healthcare Marketers in the Business Discuss Their Approach." Healthcare Forum Journal. 32.1 (1989): 11-16.

STATE MEDICINE

- Cumberlege, Julia. "Public Partnership with the NHS -- 1." Hospital and Health Services Review. 83.5 (1987): 203-205.
- Lee, R. H. "Market Research for Health Authorities." Hospital and Health Services Review. 82.2 (1986): 79-81
- Maynard, Alan. "Public and Private Sector Interactions: An Economic Perspective." Social Science Medicine. 22.11 (1986): 1161-1166.
- Peach, Len. "Partnership and Politics." Hospital and Health Services Review. 83.5 (1987): 209-214.
- Rigge, Marianne. "Public Partnership with the NHS -- 2." Hospital and Health Services Review. 83.5 (1987): 206-209.
- Scrivens, Ellie. "The Development of a Consumer Orientation in the British National Health Service." Health Marketing Quarterly. 4.3/4 (1987): 129-142.